

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019364

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 159 Primary Registration District No. 4249 Registrar's No. 19

F. PLACED MAY 31 1962

a. COUNTY JEFFERSON

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MO b. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN HILLS BIRILength of stay in 1b  
3 YRS

c. CITY OR TOWN ST LOUIS

Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION CEDAR GROVE N. HOMEInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
4935 SCHOLLMEYERReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

HAZEL W.

REBER

4. DATE OF DEATH

Month

Day

Year

MAY 14 1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/6/90 71

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SALES LADY

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

ST LOUIS MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

ROBERT WHORLINE

13b. MOTHER'S MAIDEN NAME

RACHEL NEFF

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

4935 SCHOLLMEYER  
A MARY GOODALL ST LOUIS MO18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Broncho. Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

10 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes Mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept. 9, 1959, to May 14, 1962 and last saw her alive on May 13, 1962  
Death occurred at 12:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert A. Sanders, M.D.

22b. ADDRESS

1402 Cass Ave.

22c. DATE SIGNED

5-16-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

5/15/62

23c. NAME OF CEMETERY OR CREMATORY

CREST LAWN

23d. LOCATION (City, town, or county)

ST. GENEVIEVE MO

24. FUNERAL DIRECTOR

ADDRESS

H.C. BASLER ST. GENEVIEVE MO

25. DATE RECD. BY LOCAL REG.

5-17-62

26. REGISTRAR'S SIGNATURE

Oleta Bingham, Reg

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59

10500

2029

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4 1

5 0

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7 0

8 2

9491X

10

11

1296-0

13

1961 JUN 2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Arman J. Ehler*

Licensed Embalmer No. 4740

P. O. Address St. Genevieve, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.